Social Adult Day Care/ Social Adult Day Services (SADC/SADS)

Person Centered Service Plan (PCSP) Template for SADC/SADS Usage
User Guide

Table of Contents

1 Purpose

This reference guide is intended to be used as a resource to assist Social Adult Day Care (SADC) and Social Adult Day Services (SADS) programs with completing the SADC/SADS Person Centered Service Plan (PCSP) Template.

The New York State Department of Health (The Department) and the New York State Office for the Aging (NYSOFA) previously issued a SADC/SADS PCSP Template to ensure that SADC/SADS are using a consistent approach in the planning of participant services in social adult day settings which complies with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Settings Final Rule and NYSOFA's SADS regulations that were adopted pursuant to 9 CRR-NY 6654.20.

The SADC/SADS must ensure the PCSP template being utilized contains at minimum all questions in the Department and NYSOFA jointly issued PCSP template. The Department encourages the use of this state approved template.

2 How to Use this Guide

This reference guide follows the same order as the template and provides the following for each section in the template:

- Image of the section.
- Explanation of the purpose of the section.
- Guidance to assist with completing the required information in the section.

It is recommended to utilize this guide to complete the template from start to finish. However, you may navigate to the applicable topic based on your question(s) and/or where you are in the person-centered planning (PCP) process.

3 Template Organization

The template contains ten sections which include all questions and fields that are required for completion. **The SADC/SADS staff member completing the template must fill in all sections.**

Template sections are as follows:

- Template Header
- PCSP Completion Information
- SADC/SADS Participant Information
- Contact Information
- Participant Health Information
- Risk Management and Safeguards
- Preferences and Strengths/Needs
- Goals and Activities
- Modifications to Participant Rights
- PCSP Acknowledgement

4 Completion of the Template

The template is intended to assist SADC/SADS programs in developing a PSCP that reflects a participant's strengths and preferences and includes individually identified goals and desired outcomes.

4.1 Notes about the Template:

- The participant (and legal guardian/representative, if applicable) must be present to lead or direct the planning process which ensures the plan is entirely person-centered.
- When conducting the planning process, follow the sections of the template. The template is intended to be completed from top to bottom.
- Template sections and table columns should not be removed/deleted; however, additional rows may be added if necessary.
  - Instructions for adding rows can be found in the Appendix at the end of this document.
- Keep the template in Microsoft Word so that responses can be typed, and fields can be adjusted and resized as needed.
- When making annual or essential changes to the PCSP, remember to ALWAYS review every section with the participant and update as needed.

Note: Per 9 CRR-NY 6654.20, the participant's PCSP must be completed within 30-days of their admission to the SADC/SADS program and at least annually thereafter. Additionally, the template must be updated when the participant's needs or condition change, or at the request of the participant.

5 Template Header

5.1 Template Header

SADC/SADS Name
SADC/SADS Address

Person Centered Service Plan
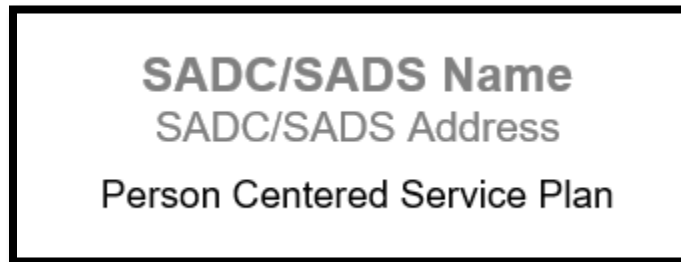
5.1.1 Completing the Template Header

The template header is an area in which to populate the site name and physical address of the SADC/SADS program that the participant attends.

Document the following information in the header at the top of the template:
- **SADC/SADS Name:** Full operating name of the SADC/SADS program.
- **SADC/SADS Address:** The physical address of the SADC/SADS where services are rendered.

Note: If a SADC/SADS has a logo, it should be included in the template header.

6 PCSP Completion Information

6.1 PCSP Completion Information Section

Person Completing PCSP (Name): Click or tap here to enter text.
Date of PCSP Completion: Click or tap to enter a date.
Authorization Period End Date *(12 months from date PCSP completed)*: Click or tap to enter a date.

6.1.1 Completing the PCSP Completion Information Section

The PCSP Completion Information section is for documenting the SADC/SADS program staff member who is completing the PCSP, when it was completed, and how long the PCSP is valid.

- **Person Completing PCSP (Name):** The full name (first and last) of the SADC/SADS program staff member who is completing the PCSP.
  - If the SADC/SADS staff member has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
    - **Ex:** NFN Doe or Jane NLN

- **Date of PCSP Completion:** The date the PCSP is completed.
  - The participant's PCSP must be completed within 30-days of their admission to the SADC/SADS program and at least annually thereafter.
  - The PCSP must also be updated if necessitated by a change in participant needs, goals, preferences, or other circumstances.

- **Authorization Period End Date:** The authorization period end date.
  - This date should be 12-months from the date the PCSP is completed.

7 SADC/SADS Participant Information

7.1 Participant Demographic and Contact Information

Name: Click or tap here to enter text.	**Date of Birth:** Click or tap to enter a date.
Address: Click or tap here to enter text.	
Does the participant live alone? ☐Yes ☐No **If no, indicate who participant lives with and their relationship to the participant:** Click or tap here to enter text.	
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.
Preferred Language: Click or tap here to enter text.	
Gender: Click or tap here to enter text.	**Gender Identity:** Click or tap here to enter text.

7.1.1 Completing the Participant Demographic and Contact Information Section

The SADC/SADS Participant Information section is for documenting the participant's demographic and contact information, as well as their insurance company and insurance ID.

- **Name:** The participant's full name (first and last).
    - If the participant has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
        - **Ex:** NFN Doe or Jane NLN
- **Date of Birth:** The participant's date of birth (month, day, and year).
- **Address:** The participant's full residential address (street number, street, city, state, zip code).
- **Does the participant live alone:** Select 'Yes' or No' to indicate if the participant lives alone or with one or more people.
- **If no, indicate who the participant lives with and their relationship to the participant:** If selecting 'No' in response to the previous question and indicating the participant does not live alone, this space is utilized to indicate who the participant resides with.
    - This could be a relative, caregiver, legal guardian, friend, etc.
- **Phone:** The participant's main phone number to be used for communication, including area code.
- **Email:** The participant's main email address.
    - If the participant does not have an email address, this should be indicated in this field instead.
- **Preferred Language:** The participant's preferred language to be used for correspondence and communication.
- **Gender:** The participant's biological sex at birth; categorized as male, female, or nonbinary.
- **Gender Identity:** The participant's chosen identity based on their internal sense.
    - **Ex:** male, female, non-binary, transgender woman, transgender man, transgender nonconforming, etc.

7.2 Primary Insurance/MLTC Plan

Primary Insurance/MLTC Plan
Insurance Co./MLTC Plan: Click or tap here to enter text.
Insurance/Medicaid ID: Click or tap here to enter text.

7.2.1 Completing the Primary Insurance/MLTC Plan Section

The Primary Insurance/MLTC Plan section is for documenting the participant's primary insurance company or Managed Long Term Care (MLTC) plan information.

- **Insurance Co./MLTC Plan:** The participant's primary insurance carrier or the MLTC

plan, if receiving Medicaid.

- **Insurance/Medicaid ID:** The participant's insurance and/or Medicaid identification (ID) number for the listed insurance carrier or MLTC plan.

7.3 Secondary/Back-Up Insurance/MLTC Plan

Secondary / Back-Up Insurance/MLTC Plan
Insurance Co./MLTC Plan: Click or tap here to enter text.
Insurance/Medicaid ID: Click or tap here to enter text.

7.3.1 Completing the Secondary/Back-up Insurance/MLTC Plan Section

The Secondary/Back-Up Insurance/MLTC Plan section is for documenting the participant's secondary insurance company or MLTC plan information, if applicable.

- **Insurance Co./MLTC Plan:** The participant's secondary insurance carrier or the MLTC plan, if receiving Medicaid.
- **Insurance/Medicaid ID:** The participant's insurance and/or Medicaid identification (ID) number for the listed insurance carrier or MLTC plan.

Note: If the participant does not have a secondary/back-up insurance carrier/MLTC plan this section may be left blank.

7.4 Insurance/MLTC Plan Primary Care Manager

Insurance/MLTC Plan Primary Care Manager	
Name: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.

7.4.1 Completing the Insurance/MLTC Plan Primary Care Manager Section

The Insurance/MLTC Plan Primary Care Manager section is for documenting the name and contact information of the participant's primary care manager at the insurance company or MLTC plan they are enrolled with.

- **Name:** Care manager's full name (first and last).
  - If the care manager has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
    - **Ex:** NFN Doe or Jane NLN
- **Phone:** Care manager's direct phone number (including area code).
- **Email:** Care manager's complete email address.

7.5 Secondary/Back-up Care Manager

Secondary / Back-Up Care Manager	
Name: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.

7.5.1 Completing the Secondary/Back-up Care Manager Section

The Secondary/Back-up Care Manager section is for documenting the name and contact information of the participant's secondary/back-up care manager from the MLTC plan they are enrolled with and/or other care managers who assist them.

- **Name:** Care manager's full name (first and last).
  - If the secondary/back-up care manager has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
    - **Ex:** NFN Doe or Jane NLN
- **Phone:** Care manager's direct phone number (including area code).
- **Email:** Care manager's complete email address.

Note: If the participant does not have a secondary/back-up care manager this section may be left blank.

7.6 Primary Care Physician

Primary Care Physician	
Name: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.

7.6.1 Completing the Primary Care Physician Section

The Primary Care Physician section is for documenting the name and contact information of the participant's primary care physician. This information is utilized by the SADC/SADS to coordinate with the participant's primary care physician as appropriate and necessary.

- **Name:** Primary care physician's full name (first and last).
  - If the primary care physician has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
    - **Ex:** NFN Doe or Jane NLN
- **Phone:** Primary care physician's direct phone number (including area code).
- **Email:** Primary care physician's complete email address (if known).

    If the primary care physician does not have an email address, this should be indicated in this field instead.

7.7 Schedule

Schedule
Days of SADC/SADS Attendance: ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat
Time: Click or tap here to enter text.
Method of Transportation to/from SADC/SADS: Click or tap here to enter text.

7.7.1 Completing the Schedule Section

The Schedule section is for documenting the days of the week and time that the participant attends the SADC/SADS program, as well as the participant's method of transportation to and from the program.

- **Days of SADC/SADS Attendance:** These are the scheduled days the participant attends the SADC/SADS program.
- **Time:** This is the time during the specified days when the participant will be present at the SADC/SADS program.
  - **Ex:** Mon Wed Fri 8:00am-2:00pm, Tue Thu 9:00am-2:00pm
- **Method of Transportation to/from SADC/SADS:** This is the method of transportation the participant takes to and from the SADC/SADS program.
  - **Ex:** The participant uses public transportation, is dropped-off by a family member or a contracted vendor, is transported by the SADC/SADS vehicle, walks, etc.

8 Contact Information

8.1 Contact Information

Contact 1	
Name: Click or tap here to enter text.	**Contact Type:** Choose an item.
Relationship to Participant: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	**Email:** Click or tap here to enter text.

Contact 2	
Name: Click or tap here to enter text.	**Contact Type:** Choose an item.
Relationship to Participant: Click or tap here to enter text.	

Contact 3	
Name: Click or tap here to enter text.	**Contact Type:** Choose an item.
Relationship to Participant: Click or tap here to enter text.	

8.1.1 Completing the Contact Information Section

The Contact Information section is for documenting the participant's contacts, including caregivers, emergency contacts, and guardian/legal representatives.

At least two contacts should be listed in case one cannot be reached. At minimum, contact information should include the contact's name and phone number.

- **Name:** Full name of the participant's emergency contact (first and last).

- o If the contact has no first name (NFN) or no last name (NLN), this should be indicated in this field by appropriate notation.
  - **Ex:** NFN Doe or Jane NLN
- **Contact Type:** This indicates whether the listed contact is a caregiver, emergency contact, or guardian/legal representative.
  - o If a contact fulfills multiple roles, select the most applicable contact type.
    - If a contact is the "guardian/legal representative", always indicate this over any other role the contact may also fill.
- **Relationship to Participant:** The contact's relationship to the participant, such as spouse, son/daughter, friend, or aide.
- **Phone:** Contact's direct phone number (including area code).
  - o A phone number should always be included for contacts, so they can be reached in the event of an emergency.
- **Email:** Contact's complete email address.
  - o If the contact does not have an email address, this should be indicated in this field instead.

9 Participant Health Information

9.1 Pertinent Diagnoses

Pertinent Diagnoses
Utilize the space below to indicate any pertinent diagnoses (for MLTC participants), health issues, or conditions the participant has. This should include physical, cognitive, mental health, and behavioral health conditions.
Click or tap here to enter text.

9.1.1 Completing the Pertinent Diagnoses Section

The Pertinent Diagnoses section is for documenting the participant's pertinent physical, cognitive, mental health and behavioral health diagnoses, as well as any other health issues or other conditions which are relevant to the participant's service plan.

- **Pertinent Diagnoses:** The participant's physical, cognitive, mental health and behavioral health diagnoses, as well as any other health issues or other conditions which are relevant to the participant's service plan.
  - o Utilize documentation provided by the participant's MLTC plan, including all relevant physical, mental, and behavioral health diagnoses.
  - o The participant and/or their legal representative may serve as additional sources of information and/or can assist in requesting records from providers when documentation is not provided by the MLTC plan.

Note: It is important to include the participant's diagnoses, as this information may impact the participant's ability to participate in activities at the SADC/SADS program or in the community,

eat certain foods, etc. The diagnoses and other information obtained during the PCP process should be used to develop and document the participant's goals, activities, activity-related supports, and/or modifications to certain rights that may be necessary.

9.2 Medications

Medications	
Does the participant require assistance with medication while attending the SADC/SADS? ☐Yes ☐No	
If yes, what level of assistance is needed? Choose an item.	

Utilize the space below to indicate any medications, over the counter, herbal supplements, etc. that the participant is taking and the condition/diagnoses it is being taken for.	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

9.2.1 Completing the Medications Section

The medications section is for documenting whether the participant requires assistance with taking medication while at the SADC/SADS program, and if so, the level of assistance required.

This section documents any medications that a participant takes and the related diagnosis for which the medication is prescribed.

- **Does the participant require assistance with medication <u>while attending the SADC/SADS</u>?** Select 'Yes' or 'No' to indicate if the participant requires assistance with medications while attending the SADS/SADC.
    - o **Ex:** The participant requires a reminder to take their medication.
    - o **Ex 2:** The participant requires a staff member to assist with opening a medication container.
- **If yes, what level of assistance is needed?** This question is applicable if you selected 'Yes' in response to the previous question. If this question is applicable, choose the appropriate level of assistance needed from the dropdown list. Dropdown choices include:
    - o Verbal Queuing
        - ▪ A SADC/SADS staff member verbally reminds the participant to take their medication at the appropriate time.
    - o Assistance with Setup
        - ▪ The participant requires SADC/SADS staff member assistance to setup their medication.
            - • **Ex:** The SADC/SADS staff member opens the participant's pill bottle and removes the prescribed two pills for the participant

because the participant has severe arthritis and cannot perform tasks requiring fine motor skills.

- ▪ **Note:** This level of assistance may also include *Verbal Queuing*.

- Utilize the remaining fields to list the medications the participant is taking, including prescription medications, over the counter medications and herbal supplements, and the related condition/diagnosis for which the medication is prescribed.

  - o **Ex:** Metformin – Type II Diabetes
  - o **Ex 2:** Calcium – Bone Density

- List of medications may be obtained from the MLTC plan PCSP for the participant and verified with the participant during the planning session.

9.3 Other Health Information

Other Health Information
Utilize the space below to indicate any other health information as listed.
Allergies (including allergies to medication and food, severity, and required emergency response): Click or tap here to enter text.
Dietary Restrictions/Requirements (include reason/justification): Click or tap here to enter text.
Nutrition (Preferences/Special Diet): Click or tap here to enter text.

9.3.1 Completing the Other Health Information Section

The Other Health Information section is for documenting any known allergies, dietary restrictions/requirements, or nutritional specifications that a participant may have.

- **Allergies (including allergies to medication and food, severity, and required emergency response):** List any allergies to medications, food, etc., explain the degree of severity, and any list any interventions that are required if an allergic response occurs.

  - o **Ex:** Peanuts – Severe allergy causing anaphylaxis within 1-2 minutes of exposure. – Participant carries an EpiPen, which should be utilized immediately, and an ambulance should be called.

- **Dietary Restrictions/Requirements**: List the participant's dietary restrictions and/or needs and indicate limitations on access to food, if applicable.

  - o **Ex:** The participant requires thickened liquids using prescribed packets due to dysphagia (difficulty swallowing).

- **Nutrition – (Preferences/Special Diet):** List any information regarding the participants preferences or special needs related to nutritional intake.

  - o **Ex:** A participant has a vegan or kosher preference/special diet.

Note: If the participant does not have allergies, restrictions, or preferences/needs related to nutritional intake, please populate the applicable field(s) to indicate that the participant has none.

9.4 Capacity for Independence

Capacity for Independence
Is the participant able to communicate their needs? (ex. pain, hunger) ☐Yes ☐No
If no, please describe why the participant is unable to do so: *Click or tap here to enter text.*
Does the participant appear able to make their own decisions? ☐Yes ☐No
If no, please describe why the participant is unable to do so: *Click or tap here to enter text.*

Capacity for Independence
Can the participant be left alone and unsupervised? ☐Yes ☐No
If no, please describe why the participant is unable to do so, including any cognitive or communication needs: *Click or tap here to enter text.*
Does the participant have any pain and/or sensory needs? (ex. sensitivity to temperatures or noises, inability to recognize the need for toileting) ☐Yes ☐No
If yes, describe what the needs are, and what assistance is to be provided: *Click or tap here to enter text.*

9.4.1 Completing the Capacity for Independence Section

The Capacity for Independence section is for documenting the participant's ability to communicate their needs, make decisions, and be independent. This section also documents any pain or sensory needs the participant may have.

- **Is the participant able to communicate their needs?** Select 'Yes' or 'No' to indicate if the participant can communicate their needs.
- **If no, please describe why the participant is unable to do so**: If selecting 'No' in response to the previous question, indicate the reason(s) why the participant cannot communicate their needs.
    - **Ex:** The participant is diagnosed with dementia and has difficulty communicating their needs.

- **Does the participant appear able to make their own decisions?** Select 'Yes' or 'No' to indicate if the participant appears to have the capacity to make their own decisions.
- **If no, please describe why the participant is unable to do so:** If selecting 'No' in response to the previous question, indicate the reason(s) why the participant appears unable to make their own decisions.
    - **Ex:** The participant is diagnosed with Alzheimer's disease which effects their decision-making ability.

- **Can the participant be left alone and unsupervised?** Select 'Yes' or 'No' to indicate if the participant has the capacity to be left alone and unsupervised.
- **If no, please describe why the participant is unable to do so, including any cognitive or communication needs:** If selecting 'No' in response to the previous question, indicate the reasons why the participant cannot be left alone and unsupervised, including information about cognitive or communication needs as appropriate.
    - **Ex:** The participant is diagnosed with dementia which requires them to be supervised at all times, to prevent wandering away from the group.

- **Does the participant have any pain and/or sensory needs?** Select 'Yes' or 'No' to indicate if the participant has pain and/or sensory needs.
- **If yes, describe what the needs are, and what assistance is to be provided:** If selecting 'Yes' in response to the previous question, indicate what the participant's pain and/or sensory needs are, as well as what assistance will be provided.
    - **Ex:** The participant has degenerative bone disease and experiences pain when sitting for too long. The participant is encouraged by the SADC/SADS staff to stand or walk with their cane every hour.

9.5 Functional Assessment / Staff Intervention

Functional Assessment / Staff Intervention		
For each of the activities of daily living (ADLs) please indicate the level of care the participant requires from SADC/SADS staff and if the participant has any assistive technology/device (e.g., cane for mobility or continence pads). Also, at the bottom, please indicate if there is a preference on who provides personal care assistance to the participant.		
ADL	**Level of Care**	**Assistive Technology/Device**
Mobility	Choose an item.	Click or tap here to enter text.
Transfers	Choose an item.	Click or tap here to enter text.
Toileting	Choose an item.	Click or tap here to enter text.
Continence	Choose an item.	Click or tap here to enter text.
Eating	Choose an item.	Click or tap here to enter text.
Medication Self-Administration	Choose an item.	Click or tap here to enter text.
Supervision/Monitoring	Choose an item.	Click or tap here to enter text.

9.5.1 Completing the Functional Assessment / Staff Intervention Section

The Functional Assessment/Staff Intervention section is for documenting the level of care a participant requires for each of the listed Activities of Daily Living (ADLs), as well as the assistive technology/devices needed to support each ADL.

- **Level of Care**: Choose the appropriate level of care from the dropdown list. Dropdown options include:
    - **Independent:** The participant can safely perform the task with no staff assistance.
    - **Supervision Only:** The participant can safely perform the task but may need prompting or reminders to complete the task.

- o **Minimal Hands-On Assistance:** The participant can perform the task with minor assistance from staff.
- o **Moderate Hands-On Assistance:** The participant can perform the task only with a considerable amount of staff assistance.
- o **Total Hands-On Assistance:** The participant cannot perform the task without full assistance from staff.

- **Assistive Technology/Device:** For each ADL listed, enter text in the provided field to specify the assistive technology/device required by the participant to complete the ADL.

  - o **Ex:** The PCSP should note if a participant uses a wheelchair, cane, magnifier, etc. and what ADLs the technology/device are utilized while performing.

Note: If the participant does not require assistive technology/device to complete an ADL, please indicate this in the field for that ADL.

9.6 Personal Care Assistance Preference

Personal Care Preference
Does the participant have a preference of who provides their personal care assistance? (ex. A female participant may prefer a female staff member assist her with toileting personal care needs.) ☐Yes ☐No If yes, describe what the preference is: Click or tap here to enter text.
If the participant has a personal care preference, can the SADC/SADS accommodate this preference? ☐Yes ☐No If no, was the participant notified that their preference could not be accommodated either prior to selecting the SADC/SADS or at the time their preference could no longer be accommodated <u>AND</u> was the participant given the option to choose a different SADC/SADS provider based on this limitation to their rights? ☐Yes ☐No

9.6.1 Completing the Personal Care Assistance Preference Section

The Personal Care Assistance section is for documenting whether a participant has preference regarding which SADC/SADS program staff provides personal care support, whether the SADC/SADS can accommodate such a preference, and if not, if the participant had been made aware and given the option to choose another SADC/SADS program.

- **Does the participant have a preference of who provides their person care assistance?** Select 'Yes' or 'No' to indicate if the participant has a preference for who provides their personal care support.
- **If yes, describe what the preference is:** If selecting 'Yes' in response to the previous question, use the text field to document details regarding the preference.
  - o **Ex:** Does the participant prefer a male or female staff to assist them with their toileting needs?
  - o **Ex2:** Does the participant prefer working with staff who speak and understand their preferred/primary language?

- **If the participant has a personal care preference, can the SADC/SADS**

accommodate this preference? Select 'Yes' or 'No' to indicate if the participant does have a personal care preference, can the SADC/SADS program accommodate the preference.

- o **Ex:** Consider if the SADC/SADS have a staff member who speaks the participant's preferred/primary language?

Note: If the participant does not have a preference, this section may be left blank.

- **If no, was the participant notified that their preference could not be accommodated either prior to selecting the SADC/SADS or at the time their preference could no longer be accommodated AND was the participant given the option to chooses a different SADC/SADS based on this limitation to their rights?** Select 'Yes' or 'No' to indicate if the participant was notified that their preference cannot be accommodated by the SADC/SADS program and, if so, if the participant was given the option to choose to receive services at another SADC/SADS which could accommodate their preference.

  - o If the SADC/SADS cannot accommodate the participant's preference, the participant must be notified and given the option to choose a different SADC/SADS program which could accommodate their preference.
  - o The notification should occur prior to enrolling in the SADC/SADS, otherwise, the participant should be notified when the SADC/SADS can no long meet the participant's preference.

10 Risk Management and Safeguards

10.1 Risk Management and Safeguards Section

Identify any risks to the participant's health/wellbeing, potential trigger(s), previous responses to triggers, measures in place to minimize risks, and safeguards. Safeguards detail the support needed to keep the participant safe from harm and actions to be taken when their health and welfare is at risk. (Note: Add more copies of the table if needed.)

Risk	Click or tap here to enter text.
Trigger(s)	Click or tap here to enter text.
Known Response(s)	Click or tap here to enter text.
Measure(s) in Place	Click or tap here to enter text.
Safeguard(s)	Click or tap here to enter text.

10.1.1 Completing the Risk Management and Safeguards Section

The Risk Management and Safeguards section is for documenting potential risks to the participant's health/wellbeing and related triggers and known responses, as well as measures in place and safeguards to assist in the management of the identified risks.

- **Risk:** A risk factor is something that increases a participant's susceptibility to negative consequences, including harm or danger. Risks may pertain to physical health, mental health, social issues, etc.

- o **Ex:** Fall Risk

- **Trigger(s):** Triggers are external and/or internal events or conditions that precede a particular risk factor or signal that the identified risk is about to occur.

  - o **Ex:** Standing up and moving from a seated position too quickly (orthostatic hypotension).

- **Known Response(s):** Known responses to triggers, whether positive or negative, should be documented to assist in developing appropriate interventions that will be a part of the risk management plan.

  - o **Ex:** Dizziness and confusion that can lead to a fall.

- **Measure(s) in Place:** List all environmental or situational adaptations put in place to manage and reduce risks, as well as adaptive equipment and/or natural supports available to the participant. All preventative measures put in place to reduce risk should be considered.

  - o **Ex:** Utilize walker when standing. SADC/SADS exercise activities are adapted to a seated variation.

- **Safeguard(s):** The section must include supports needed to keep the person safe from harm and actions taken when they are at risk. These tend to be the reactive measures followed when the participant is most actively at risk that needs to be managed.

  - o **Ex:** Staff ensure walker is always within reach and provide verbal reminders to standup slowly and wait a moment before attempting to walk.

Note: When a participant has more than one known risk, you must add rows to document the information. To do so, please follow the steps outlined in the Appendix.

10.2 Preferences

Preferences
Ask the participant about the things they enjoy, like, and dislike. Utilize the space below to indicate their responses, along with any other known preferences they have, including preferences related to receiving the SADC/SADS services.
Click or tap here to enter text.

10.2.1 Completing the Preferences Section

The Preferences section is for documenting a participant's general preferences related to things like activities and socialization, as well as the type(s) of services they receive from the SADC/SADS program.

- Document activities and things the participant enjoys doing **AND** dislikes the participant has for activities or in general.
- Always allow for open answers which are not limited to activities or offerings provided by the SADC. This includes not limiting to the concept of an "activity".

  - o **Ex:** Fitness classes, places the participant likes to visit or go, reading, playing music, watching a particular show, attending a religious mass/ceremony, etc.

- Ask probing questions to identify the participant's likes and dislikes.
    - **Ex:** What do you enjoy doing in your free time? Is there anything you do not like to do? Do you like to be in groups or prefer more alone time?

10.3 Strengths & Needs

Strengths & Needs
Ask the participant about the things they are good at, or feel is a need. Utilize the space below to indicate their responses, along with any other known strengths or needs they have.
Click or tap here to enter text.

10.3.1 Completing the Strengths & Needs Section

The Strengths and Needs section is for documenting the participant's self-reported strengths and needs, those reported by their legal representative/guardian, and any other strengths or needs known to SADC/SADS program staff.

Document things the participant is good at as well as areas where they feel they have needs.

- Utilize instruction prompts to help a participant articulate their strengths and skills, and to assess what types of needs they have that are important to them.
    - **Ex:** What are some things you like to do and are good at?
    - **Ex2:** Do you have any needs that aren't being met?

- Documented strengths may be behavioral, social, or physical.
    - **Ex:** Participant is a good communicator and advocates for their needs/wants to staff, such as vocalizing when they need help to walk to the bathroom or requesting a snack when they feel lightheaded.

- Documented needs may be anything the participant feels is necessary for their support.
    - **Ex:** The participant has arthritis in their hands and needs staff assistance when fine motor skills are needed.

11 Goals and Activities

11.1 Goals

Goals
Use the space below to identify the participant's chosen health care and social goals and desired outcomes. This may include psychosocial needs, spiritual, and cultural needs, etc. Goals may be long-term or short-term and should have measurable outcomes. Be sure to include the outcome criteria, action and/or steps to achieve or work towards the goal, and where applicable, indicate which activity(s) the goal is tied to. Include strategies to achieve desired outcomes. (Note: Add more copies of the table if needed.)

Goal	Click or tap here to enter text.
Outcome Criteria	Click or tap here to enter text.
Actions and/or Steps	Click or tap here to enter text.
Related Activity(s)	Click or tap here to enter text.

Goal	Click or tap here to enter text.
Outcome Criteria	Click or tap here to enter text.
Actions and/or Steps	Click or tap here to enter text.
Related Activity(s)	Click or tap here to enter text.

11.1.1 Completing the Goals Section

The Goals and Activities section is for documenting short and long-term social and health-related goals the participant wishes to achieve, and the actions/steps to achieve the stated goals. In addition, the related activities to achieve the goal should be documented.

- **Goal**: Documented goals must be individualized and unique to the participant and should **not** be generic or unattainable. A best practice for writing person-centered goals is to write what is referred to as "SMART" goals, which include the following five components, as determined by the participant:
  - **S**pecific: Clearly defined and focused.
  - **M**easurable: Measurable and trackable to determine progress and goal achievement.
  - **A**chievable: Realistic and achievable to the participant, given their current skills, abilities, and resources.
  - **R**elevant: Aligned with the participant's interests, preferences, needs, and priorities.
  - **T**ime-bound: Deadline or timeline for completion.
  - **Ex:**
    - *Not* a SMART Goal – Participant would like to lose weight.
    - SMART Goal – Lose 5 pounds to reach a weight of 180 pounds by 3/31/2024.

- **Outcome Criteria**: Include specific information that can be used to determine that the goal has been met.
  - **Ex:** The participant will lose 5 pounds, to reach a weight of 180 pounds, by 3/31/2024.

- **Actions and/or Steps**: Include specific steps or actions that the participant will take to work towards their goals, as well as what the SADC/SADS program will do to support the participant.
  - **Ex:** The participant will increase their activity by walking at least 8,000 steps per day, monitored via their fitness watch, and decrease their caloric intake by eating salad or a vegetable with lunch.

- **Related Activities:** Discuss activities that could support the participant in achieving their goal(s). Include any applicable activities offered by the SADC/SADS program and any additional options outside the SADC/SADS, chosen by the participant, and related to achieving their goal(s).
  - **Ex:** The participant will join the nearby walking club and walk three times each week while at the SADC/SADS.

Note: If a participant has more than one known goal, you must add rows to document the information. To do so, please follow the steps outlined in the Appendix.

11.2 SADC/SADS Activities

SADC/SADS Activities	
Use the space below to identify SADC/SADS activities the participant is interested in and any supports or modifications they may need to be able to participate in the activity. For example, a participant in a wheelchair or someone who has difficulty standing, may need to do a modified version of yoga (maybe from a chair or wheelchair), or someone who is visually impaired may need extra-large BINGO cards or a magnifier. (Note: Add more rows as needed.)	
SADC/SADS Activity	**Needed Supports (if interested)**
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

11.2.1 Completing the SADC/SADS Activities Section

The SADC/SADS Activities section is for documenting which SADC/SADS sponsored activities a participant is interested in, as well as any supports the participant may need to partake in those activities.

- **SADC/SADS Activity:** Be sure to review the complete list of activities offered by the SADC/SADS with the participant and record all activities the participant expresses interest in within this field.
  - Include activities offered at the SADC/SADS program that are both independent and/or group activities.
  - Activities listed should be those the participant is interested in, not a list of activities offered at the SADC/SADS.
    - **Ex:** Playing Bingo

- **Needed Supports:** Detail what supports the participant needs to engage in the listed SADC/SADS activities.

- o Supports needed should be specific to the activity listed and are commonly related to diagnoses and health/safety needs.
- o If no supports are needed, please indicate this on the PCSP.
  - ▪ **Ex:** Use of large print bingo cards if the participant is seeing impaired.

Notes:

- Per 9 CRR-NY 6654.20, all SADC/SADS programs are required to offer activities in the following categories: Cultural, Educational, Intellectual, Physical Group Activities, and Social.
- If a participant has more than one SADC/SADS activity to list, you must add rows to document the information. To do so, please follow these steps outlined in the Appendix.

11.3 Community Activities

Community Activities

Utilize the space below to identify any community events and activities the participant is interested in attending. List the details of what the activity is, where it occurs, and any supports needed for them to attend the activity, including coordination needed/completed, etc. At a minimum SADCs/SADS are responsible for helping to coordinate community integration activities for the participant. (Note: Add more copies of the table if needed.)

Tip: To help the participant identify community events and activities they may be interested in, review the participant's goals and preferences. For example, someone who wants to read more may be interested in joining a book club at the local library, or a virtual one. A participant who wants to spend more time with family may want to setup a monthly lunch meeting with a family member they do not often see.

Community Activity	Click or tap here to enter text.
Details	Click or tap here to enter text.
Supports Needed	Click or tap here to enter text.

Community Activity	Click or tap here to enter text.
Details	Click or tap here to enter text.
Supports Needed	Click or tap here to enter text.

11.3.1 Completing the Community Activities Section

The Community Activities section is for documenting information about the **community** activities a participant is interested in as well as any supports the participant needs to pursue the activity.

- **Community Activity:** Document all individualized community activities the participant has expressed interest in attending in the greater community.
  - o Offer the participant choices or ideas for community integration activities that align with their goals and interests. Discuss and share with the participant different opportunities that are available in the area which align with their goals and interests.
  - o Listen to the participant's goals and interests related to community activities and

offers made, including inquiring about activities that were not offered and listening to the participant's reply and thoughts on what they value.

- o If a participant is not interested in pursuing any specific community activities, you must list the community activities that were offered and declined by the participant.
- o **Ex:** The participant attends an art class at a local community center.
- o **Ex2:** Participant does not want to attend any activities. Offered local book club – participant enjoys reading and walking group – participant wants to maintain physical activity.

- **Details**: Include the time/frequency of the activity, and any other information needed to assist in planning and supporting the participant with their activity.

  - o **Ex:** The art class is from 1:00am-3:00pm on Monday and Wednesday.

- **Supports Needed**: Include supports the participant will need to engage in their selected activity as well as supports to be provided by the SADC.

  - o **Ex:** The SADC/SADS staff assist the participant to order a rideshare through the application on the participant's phone and remind the participant when it is time to leave. The art class teacher agreed to save a space at the side of the class, so the participant does not have to navigate between the narrow aisles between the easels. The participant is picked up from the art class by their guardian.

Notes:

- Community activities documented in this section should show alignment with the participant's preferences, strengths, needs, and goals.
- If a participant has more than one community activity, you must add rows to document the information. To do so, please follow these steps outlined in the Appendix.

11.4 Work / Volunteer Interests

Work/Volunteer Interests
Please speak to the participant about their interests in obtaining/keeping a job and/or volunteering and document their interests below.
Is the participant interested in working or volunteering (or already doing so)? ☐Yes – Work Only ☐Yes – Volunteer Only ☐Yes – Work & Volunteer ☐No ☐N/A – Participant is unable to do so.
If N/A – Participant is unable to do so, please describe why the participant is unable to work or volunteer: Click or tap here to enter text.
If yes, please describe what work and/or volunteer opportunity the participant is interested in pursuing, including details on frequency, days/time, etc.: Click or tap here to enter text.
If yes, please describe what support is being provided so the participant is able to achieve their goal of working and/or volunteering (ex. assistance with application, transportation to work/volunteer or interview, etc.): Click or tap here to enter text.

11.4.1 Completing the Work / Volunteer Interests Section

The Work/Volunteer Interests section is for documenting the participant's interest in obtaining or keeping a job, and their volunteer interests, along with the supports the participant needs to work or volunteer. This section also documents information about why the participant is unable to work or volunteer, if they are unable to do so.

- **Is the participant interested in working or volunteering (or already doing so)?** Ask the participant if they are interested in work or volunteer opportunities, or if they already participate in either, then select the appropriate checkbox to indicate the participant's response.
    - This question is about working and volunteering in the community. If the participant is working or volunteering at the SADC/SADS, they should still be asked if they would like to work or volunteer in the community.

- **If N/A – Participant is unable to do so, please describe why the participant is unable to work or volunteer:** If selecting 'N/A – Participant is unable to do so' in response to the previous question, clearly document the reason(s) why.
    - **Ex:** The participant is unable to work/volunteer because their legal guardian has indicated they do not want them to pursue employment or volunteering opportunities due to the participant having dementia.

Note: This response should be a rare occurrence due to the availability of supports and interventions to support the health and safety needs participants may have.

- **If yes, please describe what work and/or volunteer opportunity the participant is interested in pursuing, including details on frequency, days/time, etc.:** If selecting 'Yes', fully document the details of the work and/or volunteer opportunity the participant is interested in.
    - **Ex:** The participant is interested in volunteering at the local animal shelter one day a week from 10:00am to 12:00pm.

- **If yes, please describe what support is being provided so the participant is able to achieve their goal of working and/or volunteering (ex: assistance with applications, transportation to work/volunteer or interview, etc.):** If selecting 'Yes', fully document all supports the participant receives.
    - **Ex:** Staff at the SADC/SADS walk the participant to and from the animal shelter, which is located two blocks away from the SADC/SADS, and remind the participant to change into different clothes before attending and upon returning from volunteering.

12 Modifications to Participant Rights

12.1 HCBS Final Rule Rights

HCBS Final Rule Rights

Use the space below to identify if there is a modification to the participant's rights. If there is, please provide justification and details for the modification(s).

Details must include the following: diagnosis/condition related to the modification, positive interventions and supports used before this modification, method for collection and review of data for effectiveness, timeframes/limits for review and determination of need for modification, and assurance that the modification will cause no harm.

Participant Rights	Modification Needed?	Justification & Details
Having access to food at any time.	☐Yes ☐No	*Click or tap here to enter text.*
Freedom and support to control their own schedules and activities.	☐Yes ☐No	*Click or tap here to enter text.*
Freedom to have visitors of the choosing at any time.	☐Yes ☐No	*Click or tap here to enter text.*

12.1.1 Completing the HCBS Final Rule Rights Section

The HCBS Final Rule Rights section is for documenting and explains any modifications (changes) to participant's rights as defined in the HCBS Final Rule. Any modifications to a participant's rights are allowed **only** on a case-by-case basis for a specific individual, if it is done. This includes:

- When there is a specific need that has been identified that a participant requires staff support with.
- On a time-limited basis (reassessing periodically to see if the modification is still needed).
- After less restrictive and more positive approaches were tried and failed.

Note: A diagnosis alone is not enough information to support modifying a standard. The modification must be clearly written and justified.

It is not sufficient to simply indicate a participant has a modification to one or more rights. Rights modifications must be clearly articulated to ensure the modification does not extend past the amount of time hat is necessary or justified.

- **Participants Rights:** Indicates the final rule allotted rights for SADC/SADS participants.
- **Modification Needed?** Select 'Yes' or 'No' to indicate whether a modification to that right is required.
- **Justification & Details**: If selecting 'Yes' to Modification Needed? include each of the following pieces of information:
  - **Modification Description:** Describe the rights modification as it will occur or be experienced by the participant.

- **Ex:** The participant will have staff supervision and receive support in making healthy decisions on snacks.

- o **Diagnosis/Condition Related to the Modification:** Indicate the diagnosis and/or conditions that relate to the modification. These may include physical or mental health diagnoses, behaviors, and/or social factors or conditions that create the need for the modification.

  - **Ex:** Diabetes

- o **Positive Interventions Used Before Modification:** Indicate the prior interventions attempted to address the issue prompting a need for a rights modification to be implemented.

  - **Ex:** Verbal prompting/reminders, motivational interviewing, and visual cues.

- o **Method of Collection and Review of Data for Effectiveness:** Indicate how data will be collected and reviewed to determine the effectiveness of the modification utilized.

  - **Ex:** Visual observation and monitoring by SADC/SADS staff.

- o **Timeframe/Limits for Review and Determination of Need for Modification:** Indicate how long the modification will be in place and ensure that modifications are not kept in place longer than necessary.

  - **Ex:** Six months – 2/1/2024 to 8/1/2024

- o **Assurance Modification Will Cause No Harm:** The modification must support the participant with their health or safety need **and** not cause harm to the participant.

  - **Ex:** The participant will continue to have access to healthy snacks at any time while at the SADC.

12.2 Other Participants Rights

Other Participant Rights		
Use the space below to identify if there is a modification to any participant's rights not captured under the HCBS Final Rule section above. If there is, please be sure to document the participant right(s) being modified and provide the justification(s) and details for the modification(s). *Details must include the following: diagnosis/condition related to the modification, positive interventions and supports used before this modification, method for collection and review of data for effectiveness, timeframes/limits for review and determination of need for modification, and assurance that the modification will cause no harm.*		
Participant Rights	**Modification Needed?**	**Justification & Details**
Click or tap here to enter text.	☐Yes ☐No	Click or tap here to enter text.
Click or tap here to enter text.	☐Yes ☐No	Click or tap here to enter text.

12.2.1 Completing the Other Participants Rights Section

The Other Participants Rights section is for documenting any participant's rights being modified that were not covered under the previous HCBS Final Rule Rights section. Modifications to the listed participant's right must include the details of the modification itself, as well as the justification.

It is not sufficient to simply indicate a participant does NOT have one or more rights. Rights modifications must be clearly articulated to ensure the modification does not extend farther than expected, necessary, or justified.

- **Participants Rights:** Indicate which additional participant right(s) are being modified.
- **Modification Needed?:** Select 'Yes' or 'No' to indicate whether a modification to that right is required.
- **Justification & Details**: If selecting 'Yes' to Modification Needed? include each of the following pieces of information:
  - **Modification Description:** Describe the rights modification as it will occur or experienced by the participant.
    - **Ex:** The participant has staff supervision while using the kitchenette area.
  - **Diagnosis/Condition Related to the Modification:** Indicate the diagnosis and/or conditions that relate to the modification. These may include physical or mental health diagnoses, behaviors, and/or social factors or conditions that create the need for the modification.
    - **Ex:** Dementia
  - **Positive Interventions Used Before Modification:** Indicate the prior interventions attempted to address the issue prompting a need for a rights modification to be implemented. These may include interventions like verbal prompting or reminders, motivational interviewing, or visual cues.
    - **Ex:** Verbal reminders to be careful and monitor food being cooked while in the kitchenette.
  - **Method of Collection and Review of Data for Effectiveness:** Indicate how the SADC/SADS will collect and review data for determining the effectiveness of the modification utilized.
    - **Ex:** The participant's support needs will be documented and tracked within their daily case notes.
  - **Timeframe/Limits for Review and Determination of Need for Modification:** Indicate the timeframe or limits planned to review the determination of need for each modification to ensure that modifications are not kept in place longer than necessary and to fully restore the participant's rights.
    - **Ex:** 90 days – 3/17/2024-6/17/2024.
  - **Assurance Modification Will Cause No Harm:** This is a statement of assurance from the SADC/SADS that the modification was discussed and planned with participant consent and involvement and will cause them no harm.
    - **Ex:** The participant can still access and use the kitchenette area and can otherwise move about the SADC/SADS without restriction. Enough staff

are available on the days this participant attends to ensure proper supervision in the kitchenette when participant chooses to use the area.

13 PCSP Acknowledgement

13.1 About the PCSP Acknowledgement Section

Acknowledgement
I agree with what is written in this person centered service plan and acknowledge that I, the participant, lead the person centered planning process. I understand my rights and/or I have someone I trust who can help me with them. This includes the right to integrate with and be a part of my community, separate from the Social Adult Day Care and Social Adult Day Services I am choosing to receive. I acknowledge that I was offered options to integrate with and be part of my community, and my decisions on goals or activities related to this are documented in this plan. I understand that my plan will be reviewed regularly, that I can ask for it to be reviewed sooner, and whom to speak to about having my plan reviewed and updated. I agree to this plan being shared with the people that need it to provide my services.

Acknowledgement	
Participant or Designated Representative Signature:	**Date:** Click or tap to enter a date.

The PCSP Acknowledgement section is for documenting the participant's (or their legal representative's, if applicable) attestation that they have led the PCP process, were offered various opportunities, and were free to choose activities and services according to their goals and preferences.

13.1.1 Completing the PCSP Acknowledgement Section

- **Participant or Designated Representative Signature:** Obtain the participant or designated representative's signature as an attestation to the information documented in the completed PCSP and agreeing that the PCP process was appropriately completed, as described in the acknowledgement.
- Signatures may be electronic or wet signatures.
- **Date:** Document the date the participant or designated representative sign the acknowledgement.

14 Additional Resources

14.1 For additional information please see the following resources:
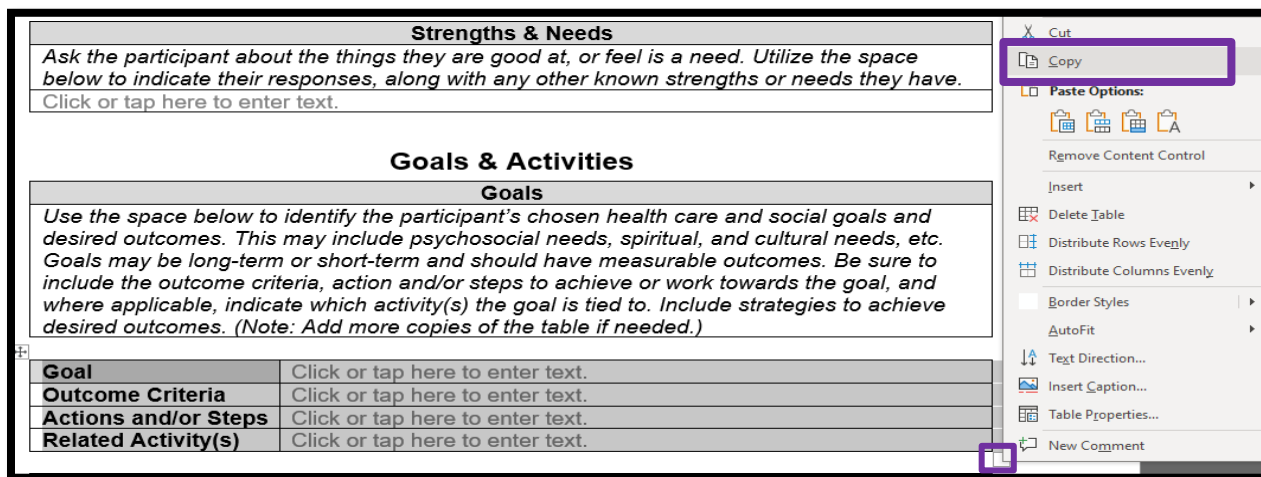
- [NYS DOH Person Centered Planning and Practice Resource Library](#)
- [SADC/SADS Person Centered Service Plan (PCSP) Template](#)
- [NYS Office for the Aging Social Adult Day Services Website](#)
- [NYS DOH SADC HCBS Compliance Website](#)

15 Appendix

15.1 Copying Tables
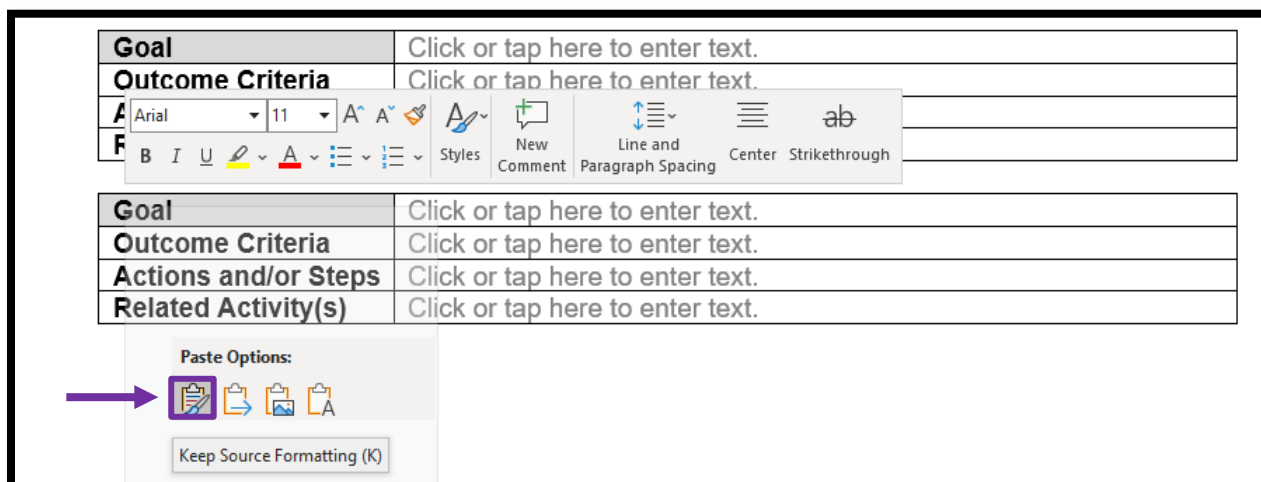
The example below can be utilized to copy any of the existing tables in the document.

1. Click anywhere within the table to be copied and a small white box will appear at the bottom right corner.

2. Right-click the small white box.

3. Select 'Copy' near the top of the options list.

4. Click below the existing table and hit Enter on your keypad to add a blank space between the existing table and the table you are pasting. Right-click and select 'Keep Source Formatting' to paste in the copied table. Repeat these steps as needed.
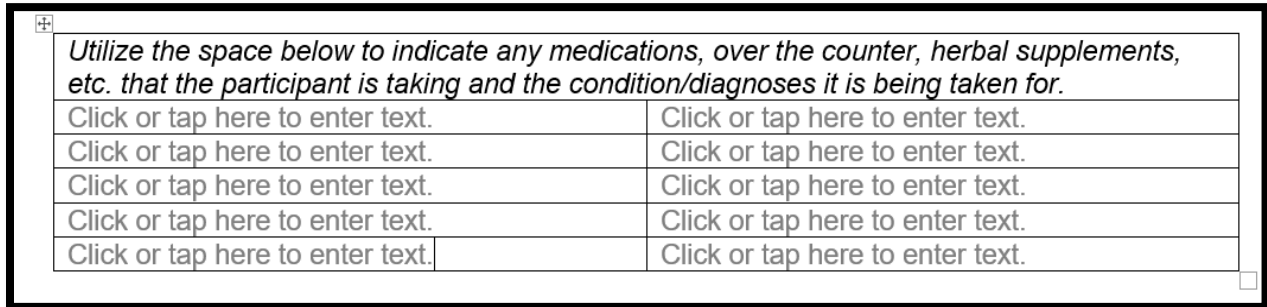
15.2 Adding Rows to Existing Table
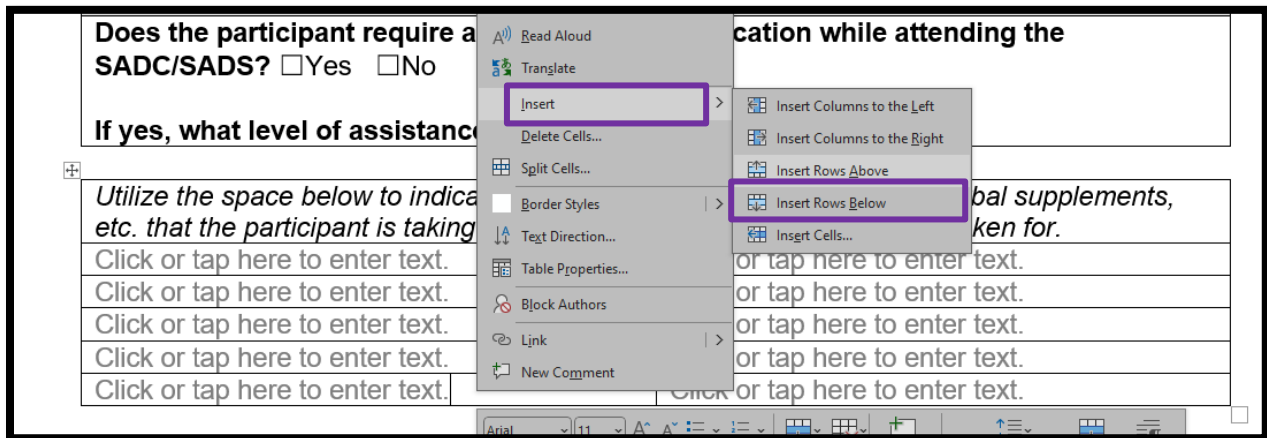
The example below can be utilized for any table that needs additional rows added.

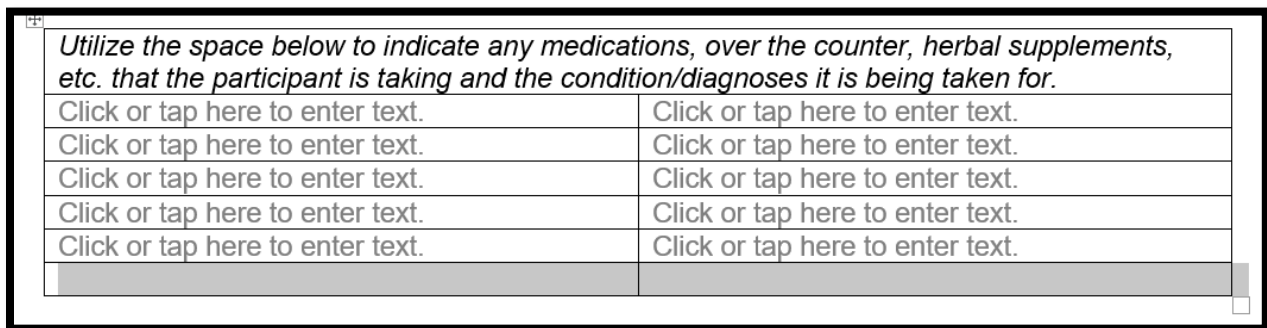1. Click on the last row of the table you are attempting to add rows to.

Utilize the space below to indicate any medications, over the counter, herbal supplements, etc. that the participant is taking and the condition/diagnoses it is being taken for.	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

2. Right-click and select 'Insert', then select 'Insert Rows Below'.

3. Repeat process as needed to add rows to the table.

Utilize the space below to indicate any medications, over the counter, herbal supplements, etc. that the participant is taking and the condition/diagnoses it is being taken for.	
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.